

STATE OF KANSAS

DEPARTMENT OF HEALTH AND ENVIRONMENT
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GOVERNOR JEFF COLYER, M.D.
JEFF ANDERSEN, ACTING SECRETARY

KanCare Advisory Council Meeting Minutes Memorial Hall Auditorium, Topeka, KS Minutes of December 19, 2017

Council Members Present:

Larry Martin
Dr. Michael Kennedy
Jamie Price
Lora Key
Beth Simpson
Mark Hinde
Edward Nicholas

Council Members Absent:

Senator Allen Schmidt
Senator Mary Pilcher-Cook
Representative Susan Concannon
Walt Hill
Njeri Shomari

Other Participants:

Jon Hamdorf, Interim Director, Division of Health Care Finance, Kansas Department of Health and Environment
Kerrie Bacon, Ombudsman, Kansas Department for Aging and Disability Services

Welcome – Chairman Larry Martin

Review and Approval of Minutes from Council meeting, October 17, 2017

The Council to review and approve meeting minutes electronically. In error, the meeting minutes were not sent out in advance and were not available in print at today's meeting.

KDHE Update – Jon Hamdorf, Interim Director, Division of Health Care Finance, Kansas Department of Health and Environment

Jon Hamdorf highlighted the KanCare Executive Summary dated 12.19.17.

Eligibility and expenditure compositions: Children continue to drive membership as the largest population followed by expenditures which are driven by the elderly and disabled population.

Members and Capitation Payments by Cohort: Majority of members fall under the TANF population.

Provider Network: The number of unique providers within Amerigroup and Sunflower cohort are roughly the same as we move from 6/30/17 to 9/30/17.

Financial trends: Includes a breakdown of the Medical Loss Ratio for CY17 and Per Member Per Month for CY17.

Claims: Percentage of clean claims processed within 30 days have remained consistent at 99.7-99.8% for CY16. For year-to-date claims adjusted more than 3 times, the percentages have gotten better as the year went on.

Denied Claims: Includes a breakdown of the denial rate for the number of claims submitted from Q2 2016-Q2

2017 and Q3 2016-Q3 2017.

Value added services and in lieu of services: These are broken down by MCO; approximately \$2.9M in value added services for the year. In lieu of services: Report lists summary of services through October 2017.

Member Grievances and Appeals: There was a slight uptick and trends have normalized for the past six quarters. Please see attached handout.

Questions and Answers:

Larry Martin – Are there any trends in the uptick for grievances?

Jon Hamdorf – We will have the MCO partners address this during their presentations.

Dr. Michael Kennedy – On slide 8, there is a bit of discrepancy on percent denied claims. Are we tracking the reasons for why they are denied?

Jon Hamdorf – HB 2026 required us to provide an independent auditor to review small claims, as well as general overview of claims to determine if there were any different trends in denying claims. We are already underway in securing a company to provide the independent auditing services and that will be out for RFP within the next month. We will have them secured by mid-year next year and then they'll move forward. We will provide more information at that time.

KDADS Update – Kansas Department for Aging and Disability Services

No update to report at this time.

Updates on KanCare with Q&A

Amerigroup Kansas – Gary Haulmark

Gary Haulmark provided a brief update on Amerigroup.

Questions and Answers:

Larry Martin – What waiver is the housing program for individuals in the home under?

Gary Haulmark – It's not necessarily a waiver program, it is generally people that have serious persistent mental illnesses. This is one of our populations where we spend a lot of time with those folks.

Larry Martin – Do you have any additional information on that?

Gary Haulmark – No, I don't.

Jamie Price – You mentioned that your denials were around the same 5 or 10, do you have those on hand or could you get those to us?

Gary Haulmark – I can get that to you.

Dr. Michael Kennedy – I was curious about the Kearney Co. program, what are you doing out there?

Gary Haulmark – In Kearney Co., we have helped fund a social worker that is working in their clinics. We are getting our members along with Sunflower and United Healthcare members' appointment reminders and providing general healthcare assistance. We are seeing progress with this with less emergency room visits and more people seeing their primary care physician. Benjamin Anderson and Frank Clepper gave a presentation on this service at the last Bethel Oversight Committee meeting in Topeka.

Sunflower State Health Plan – Jonalan Smith

Jonalan Smith provided a brief update on Sunflower State Health. Please review attached document.

Jonalan Smith addressed the top 10 denial reasons per Council request. Stated that Sunflower does provide this in a monthly report to KDHE. Per Jonalan, the number one reason for a denial is a duplicate claim which creates more volume. The next biggest reason is provider type.

Questions and Answers: None.

United Healthcare Community Plan – David Rossi

David Rossi provided a brief update on United Healthcare. Please review attached document.

Jonalan Smith addressed grievances per Council request. The top reasons for denial at United Healthcare were financial billing issues, transportation late and transportation no-show for non-emergent transportation. David Rossi added that there is a remediation plan in effect to reduce complaints.

Questions and Answers:

Beth Simpson – I was just curious on the Kansas slide where you talk about the Boys and Girls Club. Do all of you contribute to Boys and Girls Club?

David Rossi – It's a value added benefit and we offer memberships to Boys and Girls Clubs across the state. Or, there is an option to enroll in a YMCA or 4-H club program. For some of the organizations, there is an annual membership and for others there may be an individual program. Cost is approximately \$50.

Beth Simpson – I think it's just really a good thing to support, especially for foster kids because it is a good mentoring program. They also provide transportation from the school site out to where the Boys and Girls Club is being held and they help them with homework.

David Rossi – That's great. The Boys and Girls Club is a good organization and it really helps with foster care kids. I agree, I've had the opportunity to visit a number of Boys and Girls Clubs during the time I've been with the KanCare program. Some of the programs you can see that kids are engaged and having fun and they feel that it's something that's making a difference and you can see it in their eyes and smiles.

Miscellaneous Agenda Items – Jon Hamdorf

Larry Martin referenced an article found in the Associated Press regarding individuals placed on hospice who are applying for Medicaid and placed in nursing homes and are experiencing a time lag. Jon Hamdorf stated he has worked with the KDHE eligibility team to develop answers on the topic. Discussion was held regarding eligibility requirements and responsible persons who can apply on behalf of the beneficiary. Jon Hamdorf stated this falls under a 'power of attorney' and a 'power of healthcare decisions'. We have 60-70 nursing facilities in the program and there is a direct person at the Clearinghouse that they can reach one to handle these issues. We will be rolling this out to all nursing homes by mid-year 2018. Larry Martin added that there are nursing homes who choose not to admit hospice patients because at the time that claims are being submitted and processed, the patient would die and the nursing home would not receive payment. As a result, various nursing homes are reluctant to accept hospice patients. Larry Hamdorf stated it is up to the nursing home's policies as to whether or not they will accept a patient. As part of the application process, Jon Hamdorf confirmed that the State does have ways of mitigating the payment. The payment process should be a seamless for nursing homes and they should not be seeing any loss in cash flow in regards to eligibility and new applicants.

Larry Martin announced that the Annual KanCare Public Forum will be held here at 3:00pm today. Larry Martin asked if there were any questions or comments for the next meeting. Larry Martin added that in the last meeting he made a comment regarding Medicaid patients with a co-pay who are allowed to change agencies when they are in arrears for a co-pay with a provider. There was an incident where a beneficiary owed \$500 and the agency was not notified of the co-pay until they were two months into providing services. Once they were made aware, the beneficiary began back paying the balance and then switched agencies. Under the Senior Care Act, persons are not allowed to do this. Larry Martin stated that if possible, he would ask for greater protection with KanCare 2.0 for providers and that individuals not be allowed to jump agencies when they are in arrears.

Jamie Price spoke to the open seats on the Council and would like to make a recommendation that the Governor fill the seats. The Council to address this at the upcoming KanCare Advisory Council meeting.

Larry Martin thanked everyone for attending the meeting and adjourned. Will reconvene at 3:00pm for the Annual KanCare Public Forum.

Next Meeting of KanCare Advisory Council – February 27, 2018, 2:00-3:30pm, Curtis State Office Building, Room 530